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	PA			N FEE DETI	RECORD		Application or Doctor Number 1015(0010)				
APPLICATION AS FILED - PART ((Column 1) (Column 2)							SWALLENTITY		OR	OTHER THAN	
FOR		MEN	MUMBER FRED		NUMBER EXTRA		RATEO	FEE (b)	1	RATE (1)	
	ic fee Frigan	(45)				1			1	WIE (4)	300
SEARCH FEE (27 CFR L 1803, PL or (16))		(141)	•			1			1	-	400
EXAMPLATION FEE FOR CFR L1004 (04 OF RF)						1			1		200
TOTAL CLAMS (BF CFR LIGHT)		21	mirus 2		1	1	x •		d or	×50 ·	50
NDEPENDENT CLASES (27 CFR 1.1889)		ALLS 2	- robus			١	x •	1	1 ‴		50
APPLICATION BZZE FEE (X7 GFR 1.1804) ### the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 isheets or fraction thereof. See 36 U.S.C. 41(a)(1)(3) and 37 CFR 1.16(s).									× -		
MATTPLE DEPONDENT CLASH PRESENT (27 CFR 1.15(E))											
"If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		1	TOTAL	950
, APPLICATION AS AMENDED - PART II											
9	3916 (Column 1) (Column 2) (Column 3)					. :	SMALL	ENTITY	OR	OTHER SWALL	THAN ENTITY
ENTA	i	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MANEER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (8)	ADDI- TIONAL FEE (8)		RATE (R)	ADDI- TIONAL FEE (8)
31	profit Lings	2	Minus	- H			x		OR	х -	1.3.10
END	Da Char reads paymoning	<u>a</u>	Minus	-3	•	H	X =		OR	x .	. '
₹	Application Stop Fee (ST CFR 1.16(a))										
٢	FRRIT PRESENTATION OF MALTIPLE DEPENDENT CLASM (07 OF R 1.100)								OR		
Election 1) (Column 2) (Column 3)						•	ADD'L FEE	<u> </u>	OR	ADO'L FEE	
ſ	wor	CLADAS:		(Column 2)	(Cotumn 5)	7	•				
BYB	1-22-07	REMAJONG AFTER AMENDMENT		MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE(B)	ADDI- TIONAL PEE (1)	. `	RATE (#)	ADDI- TIONAL PEZ (\$)
뙭	Total grane usego	21	Marine	21	•		x e		OR:		
	tacus fraible papalament	2	Mittee	- 3	•		х =		OR.	x =	
₹	Application Size Fee (87 CFR 1.16(x))							7			
FREST PRESENTATION OF MATTIFLE DEPENDENT CLASS (87 CFR 1.180))									28		f
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the ethy is column 1 is less than the entry in column 2, under "I to have not be supported by the support of the support											

FIGURARY STATEMENT, P.O. BOX 1440, Alementing, VA 22213-1469.

a you want assistance in complising the form, call 1-500-PTO-9199 and select option it

Charitta Burt National Stage Processing

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